

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)			ATTORNEY'S DOCKET NUMBER 19603/230
<p>I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a), which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:</p>			
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:			
U.S. APPLICATIONS		STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING
PCT APPLICATIONS DESIGNATING THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p>			
Send Correspondence to: Alan S. Korman Nixon, Hargrave, Devans & Doyle 1600 Main Place Tower Buffalo, New York 14202			Direct Telephone Calls to: (name and telephone number) (716) 853-8104
2 0 1	FAMILY NAME Falck-Pedersen	FIRST GIVEN NAME Erik	SECOND GIVEN NAME S.
	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.
	P.O. ADDRESS 1161 York Ave.	CITY New York	STATE & ZIP CODE/COUNTRY New York 10021
2 0 2	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 3	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>			
SIGNATURE OF INVENTOR 201 DATE	SIGNATURE OF INVENTOR 202 DATE	SIGNATURE OF INVENTOR 203 DATE	

Page 2 of 2

FILED UNSIGNED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Erik S. Falck-Pedersen
Serial No.: 08/166,925
Filed: 12/14/93
For: ADENOVIRUS GENE EXPRESSION SYSTEM

TRANSMITTAL LETTER

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, D.C. 20231
Attention: Application Division

Dear Sir:

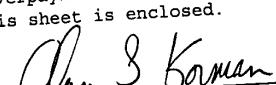
In response to the Notice to File Missing Parts of Application Under 37 CFR 1.53(d), which was mailed by the United States Patent and Trademark Office on 2/3/94, enclosed are:

(X) A Combined Declaration and Power of Attorney.
(X) A Request for Extension of Time 1 month.
() A verified statement to establish small entity status under 37 CFR 1.9 and 1.27.
(X) A paper and computer readable copy of the "Sequence Listing", and Statement Under 37 C.F.R. § 1.821(f).
(X) A Copy of the Notice to File Missing Parts.
(X) Fees as calculated below:

FEE FOR EXTENSION OF TIME	<u>1</u> month	\$ 55.00
SURCHARGE 37 CFR 1.16(e)		\$ 65.00
ADDITIONAL FEES		\$
TOTAL FEES SUBMITTED HEREWITH		\$120.00

(X) A check in the amount of \$120.00 to cover the above fees.
(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 14-1138. A duplicate copy of this sheet is enclosed.

Dated: 4/4/94

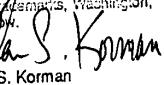

ALAN S. KORMAN
Registration No. 33,932

NIXON, HARGRAVE, DEVANS & DOYLE
1600 Main Place Tower
Buffalo, New York 14202
Telephone: (716) 853-8104

Certificate of Mailing - 37 CFR 1.8(a)

I hereby certify that this correspondence is being
mailed via the United States Postal Service as
an envelope addressed to Com-
missioner of Patents and Trademarks, Washington,
D.C. 20231, on the date below.

4/4/94
Date


Alan S. Korman
Attorney Reg. No. 33,932

-1D1

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>		ATTORNEY'S DOCKET NUMBER 19603/230																																								
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><u>ADENOVIRUS GENE EXPRESSION SYSTEM</u></p> <p>the specification of which (check only one item below):</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed as United States application Serial No. <u>08/166,925</u> on <u>12/14/93</u> and was amended on _____ (if applicable).</p> <p><input type="checkbox"/> was filed as PCT international application Number _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left; padding: 5px;"> PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: </th> </tr> <tr> <th style="width: 25%; text-align: center; padding: 5px;"> COUNTRY <small>(IF PCT, indicate "PCT")</small> </th> <th style="width: 25%; text-align: center; padding: 5px;"> APPLICATION NUMBER </th> <th style="width: 25%; text-align: center; padding: 5px;"> DATE OF FILING <small>(day, month, year)</small> </th> <th style="width: 25%; text-align: center; padding: 5px;"> PRIORITY CLAIMED <small>UNDER 35 USC 119</small> </th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr> </tbody> </table>			PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:				COUNTRY <small>(IF PCT, indicate "PCT")</small>	APPLICATION NUMBER	DATE OF FILING <small>(day, month, year)</small>	PRIORITY CLAIMED <small>UNDER 35 USC 119</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO
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PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:				
U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p>			<p>Direct Telephone Calls to: (name and telephone number) (716) 853-8104</p>	
Send Correspondence to: Alan S. Korman <u>Nixon, Hargrave, Devans & Doyle</u> <u>1600 Main Place Tower</u> <u>Buffalo, New York 14202</u>				
2 0 1	FAMILY NAME <u>I-O Falck-Pedersen</u>	FIRST GIVEN NAME <u>Erik</u>	SECOND GIVEN NAME <u>S.</u>	COUNTRY OF CITIZENSHIP <u>U.S.</u>
	RESIDENCE & CITIZENSHIP <u>New York</u>	STATE/FOREIGN COUNTRY <u>New York</u>	STATE & ZIP CODE/COUNTRY <u>10021</u>	STATE & ZIP CODE/COUNTRY <u>New York</u>
2 0 2	POST OFFICE ADDRESS <u>P.O. ADDRESS 1161 York Ave.</u>	CITY <u>New York</u>	SECOND GIVEN NAME	COUNTRY OF CITIZENSHIP
	FAMILY NAME	FIRST GIVEN NAME	STATE/FOREIGN COUNTRY	STATE & ZIP CODE/COUNTRY <u>10021</u>
2 0 3	RESIDENCE & CITIZENSHIP <u>CITY</u>	CITY	STATE & ZIP CODE/COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS <u>P.O. ADDRESS</u>	FIRST GIVEN NAME	STATE/FOREIGN COUNTRY	STATE & ZIP CODE/COUNTRY
SIGNATURE OF INVENTOR 201 <u>Erik Falck-Pedersen 1/6/94</u>	SIGNATURE OF INVENTOR 202 <u> </u>	SIGNATURE OF INVENTOR 203 <u> </u>		
DATE <u>1/6/94</u>	DATE	DATE		

Page 2 of 2

Applicant or Patentee: Erik S. Falck-Pedersen Attorney's
Serial or Patent No.: Filed Herewith Docket No.: 19603/230
Filed or Issued: Filed Herewith
For: ADENOVIRUS GENE EXPRESSION SYSTEM

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the
nonprofit organization identified below:

NAME OF CONCERN Cornell Research Foundation Inc.
ADDRESS OF CONCERN 20 Thornwood Drive, Suite 105, Ithaca, NY 14850

TYPE OF ORGANIZATION

UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
 TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(c)(3)
 NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE
UNITED STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)
 WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
(26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF
AMERICA
 WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE
OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED
STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as
a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying
reduced fees under section 41(a) and (b) of Title 35, United States Code with
regard to the invention entitled Adenovirus Gene Expression System by
inventor(s) Erik S. Falck-Pedersen described in

the specification filed herewith
 application serial no. _____, filed _____.
 patent no. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and
remain with the nonprofit organization with regard to the above identified
invention.

If the rights held by the nonprofit organization are not exclusive, each
individual, concern or organization having rights to the invention is listed
below* and no rights to the invention are held by any person, other than the
inventor, who could not qualify as a small business concern under 37
CFR 1.9(c) or by any concern which would not qualify as a small business
concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
*NOTE: Separate verified statements are required from each named person,
concern or organization having rights to the invention averring to their
status as small entities. (37 CFR 1.27).

NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of
any change in status resulting in loss of entitlement to small entity status
prior to paying, or at the time of paying, the earliest of the issue fee or
any maintenance fee due after the date on which status as a small entity is no
longer appropriate. (37 CFR 1.28(b))

(Filed Herewith)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING H. Walter Haeussler, Esq.
TITLE OF PERSON OTHER THAN OWNER President, Director
ADDRESS OF PERSON SIGNING Patents & Technology Marketing, Cornell Research Foundation, Inc., Cornell Business & Technology Park, 20 Thornwood Drive, Suite 105, Ithaca, New York 14850

SIGNATURE H. Walter Haeussler

DATE 12/14/93